



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

MAR 26 2001

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Medical Dynamics Ltd.
c/o Ahava Stein
Regulatory Affairs Consulting
Beit Hapa'amon (Box 124)
20 Hata'as St., 44425
Kfar Saba ISRAEL

Re: K000655
Trade Name: PPCID
Regulatory Class: II
Product Code: IRP
Dated: December 21, 2000
Received: December 27, 2000

Dear Ms. Stein:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542

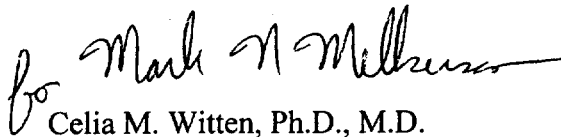
Page 2 – Ms. Ahava Stein

of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsma/dsmamain.html>".

Sincerely yours,

A handwritten signature in black ink, appearing to read "for Mark N. Miller", is written over the typed name of the signatory.

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological
Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use Statement

Page 1 of 1

510(k) Number (if known): K000655

Device Name: PPCID (FootRest)

Indications for use: The PPCID – Pneumatic Peripheral Circulation Improvement (FootRest) device is indicated for home and hospital use, for temporary increase in local blood circulation in the lower extremities, and temporary relief of minor muscle aches and pains where applied.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use _____
(Per 21 C.F.R. 801.109)

OR

Over-The-Counter Use ✓
(Optional Format 1-2-96)

for Mark A. Milken

(Division Sign-Off)

Division of General, Restorative
and Neurological Devices

510(k) Number K000655